

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY **BREATH ALCOHOL PROGRAM**

DATAMASTER MAINTENANCE REPORT

RECEIVED

BEPORT

Complete this report at the	ne time of the real	ılar monthly preve	ntive maintens	nce check (n			at 8:44 am, Feb (10, 2015
Complete this report whe Retain the original and s	never the instrum	ent is serviced or i	epaired and v	vhenever It is	placed into serv	lce.		
DATAMASTER SN 203047					DATE OF INSPECTION 02/06/2015			
LOCATION OF INSTRUMENT (STR					TIME OF INSPECTIO	N	N	
618 S. Main Street, C		ah liana li fayand ia	ha antiafantan	ovit anavalla	2:18 am	مناساا ليم	Aldita in abanny	
CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.								
DIAGNOSTIC CHEC	K (PRINTOUT AT	TACHED)	DAT	E AND TIME	(from printout) 0	2/06/15	02:18	
☑ COMPUTER	, , , , , , , , , , , , , , , , , , ,		. 🔽 :	ETECTOR				
☑ PROGRAM			☑ F	ILTERS				
☑ HEATERS SAME	LE CHAMBER	<u>49</u> °(UARTZ STAN	NDARD			
☐ FLOW DETECTO	☐ FLOW DETECTOR		2 c	☑ CALIBRATION				
☑ PUMP HIGH SPI	ED		 F	RINTER				
✓ INDICATOR LIGHTS	,							
SIMULATOR SOLUT	ION SUPPLIER	Guth Laboratorie	s	LOT # _1	4030	_EXP. D	ATE 01/20/201	6
SIMULATOR TEMP	(34°C ± 0.2°C)	34	°C SIMULA	OR SN	SD2316	_ EXP. D	ATE 02/07/201	5
☑ CALIBRATION CHEC	K - (ONLY ONE	STANDARD IS TO	BE USED P	ER MAINTEN	ANCE REPORT)		
Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)								
0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE								
TEST 1100%		TEST 2100			TEST 3 ₹ .10)1%		
PERFORM R.F.I. TES	T (PRINTOUT AT	TACHED)	W + + + + + + + + + + + + + + + + + + +					
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)								
REFUSALS 1 (00	4) 0	(.0509) 1	(.101	4) 0	(.1519)	0	OVER .19	0
LIST ANY NEW PARTS AND DESCRI	BE ANY ALTERATION OR	MODIFICATION THAT WA	S MADE TO RESTO	RE THE INSTRUME	NT TO OPERATE SATI	SFACTORILY	AND WITHIN ESTABLIS	HED LIMITS
(USE OTHER SIDE IF NECESSARY).								
Instrument operating within established limits.								
			*******	er englig harring all a region and a				
INSPECTING OFFICER SIGNATURE		A 1-7 STAR AND STARTED BY		PRINT FULL NA	me Decrete Mariette en de			
· (d)	//>			Anthony				
TYPE II PERMIT NUMBERVEXPIRATI	ON DATE 12/22/2	0016		TELEPHONE NU				
		•		(660) 463				
RETURN COMPLETED REPORT TO THE: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office 2875 James Blvd. Poplar Bluff, MO 63901								



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM

DATAMASTER MAINTENANCE REPORT

RECEIVED

By Carol Day at 8:44 am, Feb 06, 2015 T #6

						(-)	.,	,	
Complete this report at the Complete this report when Retain the original and se	ever the instrum	ent is service	ed or repai	red and wh	enever it is	placed into serv	days). vice.		
DATAMASTER SN 203047	NAME OF AGENCY Concordia Police Department				DATE OF INSPECTION 02/06/2015				
LOCATION OF INSTRUMENT (STREET	T AND CITY)	.			1.71.00 1.71	TIME OF INSPECTIO	ON		
				*		2:18 am	***************************************		
CHECKLIST: Place a mar where determined.) Unma	rked items must	ch item if fou be corrected	nd to be sa before us	atistactory c ing instrum	r if operatin ent.	g within establisi	ned limits.	(Write in observ	ed values
DIAGNOSTIC CHECK (PRINTOUT ATTACHED)				DATE	DATE AND TIME (from printout) 02/06/15 02:18				
☑ COMPUTER			☑ DE	☑ DETECTOR					
☑ PROGRAM	PROGRAM			☑ FIL	☑ FILTERS				
☑ HEATERS SAMPI	HEATERS SAMPLE CHAMBER			☑ qu	ARTZ STAI	NDARD			
☑ FLOW DETECTOR				☑ CA	☑ CALIBRATION				
☑ PUMP HIGH SPE	☑ PUMP HIGH SPEED			 ✓ PR	INTER				
✓ INDICATOR LIGHTS									
SIMULATOR SOLUTI	ON SUPPLIER	Guth Labora	atories		LOT # _1	4030	_ EXP. DA	ATE 01/20/201	6
SIMULATOR TEMP (S	4°C ± 0.2°C)	34	°C	SIMULATO	R SN	SD2316	_ EXP. DA	ATE 02/07/201	5
☑ CALIBRATION CHECK	- (ONLY ONE	STANDARD	IS TO BE	USED PEF	MAINTEN	ANCE REPORT	T)	PP 11	
CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)									
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TEST 1100%	Post Service	TEST 2		·-··	~~uux	TEST 3 🕶 .10)1%		
PERFORM R.F.I. TEST (PRINTOUT ATTACHED)									
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)									
REFUSALS 1 (004	0	(.0509)	1	(.1014)	0	(.1519)	0	OVER .19	0
LIST ANY NEW PARTS AND DESCRIBE (USE OTHER SIDE IF NECESSARY).	ANY ALTERATION OR	MODIFICATION TI	HAT WAS MAD	E TO RESTORE	THE INSTRUME	NT TO OPERATE SATIS	SFACTORILY A	I NO WITHIN ESTABLIS	HEO LIMITS
•	hin eetahliebod	Llimite							
Instrument operating within established limits.									
INSPECTING OFFICER	Keran Mark				ga granden de kanada e e				
SIGNATURE /					PRINT FULL NA	45			
· Gd 111/1/2			-	Anthony L. Helms					
TYPE II PERMIT NUMBERVEXPIRATION DATE 420438 12/22/2016				TELEPHONE NUMBER (660) 463-2140					
RETURN COMPLETED REPORT	28	875 James Bl	vd.	MO Depart		*****	Services,	Southeast Distri	ct Office
	P(oplar Bluff, M	U 63901						



CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 14030 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on January 22, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1215% (w/vol) ethyl alcohol. The expiration date for this lot number is January 20, 2016 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.

FACE THIS SIDE DOWN - THIS EDGE IN FIRST

BAC DataMaster

Evidence Ticket

STATE OF MISSOGRE COMPORDER POLICE DEPERTMENT

JATAMASTIK SERIAL AUGSBAT 82-86415 92-18

--- DIAGNOSTIC CHECK ---

COMPLETER:

PROSRAM (84-07-2009):

ÜK YY

HEATERS

SAMPLE CHAMBER:

490

FLOW DETECTORS

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Option:

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HTUKLMMEPORSTUMWXYEL\)^__*abmoerghijklmno
ponstuvww.gt

OPERATOR SIGNATURE

Card Stock No. 60021

REORDER ALL SUPPLIES FROM N.P.A.S. P.O. BOX 1435, MANSFIELD, OH 44901

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BAC DataMaster

Evidence Ticket

STATE OF MICROURY CONCURSIA POLICE DEPARTMENT

200 INTOMENTER SERIAL MUNSER 203047 82/86/15

TESTING OFFICER:
HELMS/ANTHONY
OFFICER I.D.: 208
PERMIT NUMBER: 420438
EXPIRATION DATE: 12/22/16
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	, āēğ	621.23
INTERMAL STAMBARD	VERTFIED	83:88
EXTERNAL STAMDARD	. ម្រិស្តី	92:24
BLANK TEST	. 999	Ø2:25
EXTERNAL STANDARD	. 186	68:25
BLANK TEST	, BBG	BES 126
EXTERMEL STRAUDED	. 191	$\mathfrak{G}_{\mathcal{C}}^{\mathrm{opt}}(\mathcal{C},\mathcal{C})$
BLANK TEST	, 986	92:27

N = 3 | Sib. = ,: | AVG. = ,:803

RATOR SIGNATURE

Stock No.

REORDER ALL SUPPLIES FROM N.P.A.S. P.O. BOX 1435, MANSFIELD, OH 44901

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Evidence Ticket

STATE OF MISSOURI CONCORDIA POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 203047 02/06/15

FIRREST TIME: 02:15 SUBJECT MAME: CONCORDIA/POLICE/DEPT DOB: 18/13/14 SEX: H STATE/D.L.: MO/1234567899 ARRESTING OFFICER: HELMS OFFICER T.D.: 208 TESTING OFFICER: HELMS OFFICER I.D.: 208 PERMIT NUMBER: 400408 EXPIRATION DATE: 12/82/16 MISCELLANEOUS DATA: RFI TEST

--- BREATH BHALPSIS ---

BLANK TEST INTERMAL STANDARD

. Gud 02:39

VERIFIED 02:39

RADIO INTERFERENCE

OPERATOR SIGNATURE

Card Stock No. 60021

REORDER ALL SUPPLIES FROM N.P.A.S. P.O. BOX 1435, MANSFIELD, OH 44901